

STATE EMPLOYEES' LEAVE BANK REQUEST FORM

To Be Completed by the Agency of the Requesting Employee

NAME: _____ SOCIAL SECURITY #: _____

CLASSIFICATION: _____ EOD: _____

AGENCY: _____ AGENCY CODE: _____

AGENCY ADDRESS: _____

AGENCY CONTACT PERSON: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMPLOYEE SIGNATURE _____ DATE _____

LAST DAY WORKED AS A RESULT OF CURRENT IMPAIRMENT: _____

HOURS REQUESTED: _____ EFFECTIVE DATE OF THIS REQUEST: _____

EMPLOYMENT RECORD - *Applicable to Leave Bank Request (ONLY)*

Has the employee been on a one day sick leave restriction within the last two calendar years?

_____ Yes _____ No If yes, when? _____

Has the employee received disciplinary action within the last year? _____ Yes _____ No

What was the last Overall Performance Evaluation rating? _____

SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISOR RECOMMENDATION: _____ Approval _____ Disapproval

AGENCY SIGNATURE _____

AGENCY RECOMMENDATION: _____ Approval _____ Disapproval

CERTIFICATION BY TIMEKEEPER OR APPOINTING AUTHORITY OF

EMPLOYEE REQUESTING LEAVE FROM THE BANK

I, hereby certify as the timekeeper/appointing authority for _____

that I have reviewed the leave and personnel records of the above referenced employee, and affirm that the information contained on this form is true and accurate. The requested leave does not exceed a total of 2080 hours of leave from the Leave Bank and Employee-to-Employee Leave Donation Programs and when combined with all other forms of paid leave does not exceed 16 months.

Signature of timekeeper/appointing authority

Date